



Bib Data Sheet


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|---|---|-------------------------------|-------------------------------|-------------------------------------|
| SERIAL NUMBER 09/553,452 | FILING DATE 04/19/2000 RULE - | CLASS 114 | GROUP ART UNIT 3671 | ATTORNEY DOCKET NO. P3094 |
| APPLICANTS Earl D. Koch, Tremont, IL ; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/27/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | Examiner's Signature _____ Initials _____ | STATE OR COUNTRY IL | SHEETS DRAWING 4 | TOTAL CLAIMS 23 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS Rockey Milnamow & Katz Ltd Two Prudential Plaza 47th Floor Chicago ,IL 60601 | | | | |
| TITLE Temporary ramp | | | | |
| FILING FEE RECEIVED 372 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | |
| <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | | |



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CONFIRMATION NO. 3887

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|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/553,452 | FILING DATE 04/19/2000 RULE | CLASS 404 | GROUP ART UNIT 3671 | ATTORNEY DOCKET NO. P3094 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

Earl D. Koch, Tremont, IL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/27/2000

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|--|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY IL | SHEETS DRAWING 4 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 1 |
| Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | | |

ADDRESS

Thomas J. Oppold
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1500 Wells Fargo Plaza
7900 Xerxes Avenue South
Bloomington, MN 55431

TITLE

Temporary ramp

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|---------------------------------------|---|--|
| FILING FEE RECEIVED 399 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |